

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 08/01/2014.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 111,433 (Written) | -11 |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

AAIC proposes to adopt the changes contained in ISO Revision

Designation Number: GL-2013-BGL1 on 08/01/2014.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

American Alternative Insurance Corporation

Name of Company

Stephen J. Corbett - Vice President

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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Change in Company's premium or rate level produced by rate revision
effective 08/01/2014.

| | (1) | (2) | (3) |
|-----|--|---------------------------------------|-----------------------------|
| | Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 16,032(Written) | -11 |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

AFH proposes to adopt the changes contained in ISO Revision

Designation Number: GL-2013-BGL1 on 08/01/2014.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

American Family Home Insurance Company

Name of Company

Manuel Z. Rios - President

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 3/24/14 for New Business; 7/12/14 for renewals.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$54,796.00 | 0.0 % |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain Classes? If so, specify:

No, it applies to all Commercial General Liability business.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are adopting ISO loss costs, LI-GL-2013-145.

There is an overall 0% rate change.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Select Insurance Company

Name of Company

Heidi Mack, Chief Underwriting Officer

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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Change in Company's premium or rate level produced by rate revision
effective 08/01/2014.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 20,610(Written) | -11 |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

ASH proposes to adopt the changes contained in ISO Revision

Designation Number: GL-2013-BGL1 on 08/01/2014.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

American Southern Home Insurance Company

Name of Company

Manuel Z. Rios - President

Official - Title

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

08/01/14

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$ 601,000 | +1.8% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
50 classes will be reduced by 0.9% to reach our target rate change of +1.8%.

Yes, liability rates for top


Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Changes
to Limit IDs, coverage minimum premiums, increased limit factors, Premises & Products liability rates for top 50
classes, Real Estate Development Property rates, Additional Insured rates & capped premiums, Optometrists
Professional Liability rates, Employee Benefit Liability rates, Voluntary Property Damage rates, & Hired/Non-Owned
Auto rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Exchange

Name of Company


 Ross C. Fonticella, ACAS, MAAA
 Vice President and Manager
 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) Annual Premium Volume (Illinois) | (3) Percent Change (+ or -) |
|-------------------------------|--|-----------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 82,774 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336) _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Insurance Services Office _____

Hartford Accident and Indemnity Company
 Name of Company

Eric Ruppert, Assistant Actuary
 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) | (3) |
|-------------------------------|-------------------------------------|----------------------------|
| | Annual Premium Volume (Illinois) | Percent Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 922,142 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336) _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Insurance Services Office _____

Hartford Casualty Insurance Company

Name of Company

Eric Ruppert, Assistant Actuary

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) | (3) |
|-------------------------------|-------------------------------------|----------------------------|
| | Annual Premium Volume (Illinois) | Percent Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 3,878,772 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336) _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Insurance Services Office _____

Hartford Fire Insurance Company

Name of Company

Eric Ruppert, Assistant Actuary

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) | (3) |
|-------------------------------|-------------------------------------|----------------------------|
| | Annual Premium Volume (Illinois) | Percent Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 62,588 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336) _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Insurance Services Office _____

Hartford Insurance Company of Illinois
 Name of Company

Eric Ruppert, Assistant Actuary
 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) | (3) |
|-------------------------------|-------------------------------------|----------------------------|
| | Annual Premium Volume (Illinois) | Percent Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 315,579 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336)

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Insurance Services OfficeHartford Insurance Company of the Midwest

Name of Company

Eric Ruppert, Assistant Actuary

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) | (3) |
|-------------------------------|-------------------------------------|----------------------------|
| | Annual Premium Volume (Illinois) | Percent Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 1,038,301 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336) _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Insurance Services Office _____

Hartford Underwriters Insurance Company
 Name of Company

Eric Ruppert, Assistant Actuary
 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 04/01/2014.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 137,383 | -11.00% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain Classes? If so, specify:

All Territories and class rates will be impacted by a decrease of 11%.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

ISO General Liability Loss Costs Adoption GL-2013-BGL1

Premium reflected is the actual other liability premiums for Liability other than Auto and the decrease would be 11%. We will be utilizing our current loss costs multipliers.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Name of Company

TONYA J. BURROUGHS REG. COMPLIANCE ANALYST

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 6/1/2014

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$3,103,879 | 0.1% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Filing to adopt ISO A-rate ELPs and introduce 9 A-rate manufacturing class codes. See explanatory memorandum for more detail.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Massachusetts Bay Insurance Company

Name of Company

Gregory A. Popolizio, Senior State Filing Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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Change in Company's premium or rate level produced by rate revision
effective 04/01/2014.

| | (1) | (2) | (3) |
|-----|---|---------------------------------------|-----------------------------|
| | Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 77,150 | -11.0% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NO

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Reduction in rate level of -11.0% due to change in loss costs

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

National American Insurance Company

Name of Company

Jennifer Carr, Senior Regulatory Analyst

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective **9/1/2014**

| (1) | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-----|----------------------------|---|-------------------------------------|
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$ 81,280 | -9.5% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO reference filings GL-2013-BGL1. The company loss cost multiplier remains unchanged.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Pioneer Specialty Insurance Company

Name of Company

Janis Eichorst - Product Development Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 06/06/2014.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|------------------------------|--|------------------------------------|
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$160,194 | +15.8% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

* Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Introduce new rating factor and change rating factors for several segments

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Progressive Northern Insurance Company

Name of Company

Brian Dedrick, Analyst

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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Change in Company's premium or rate level produced by rate revision
effective 06/06/2014.

| | (1) | (2) | (3) |
|-----|--|---------------------------------------|-----------------------------|
| | Coverage | Annual Premium Volume (Illinois) * | Percent Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$46,127 | +0.9% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Introduce new rating factor and change rating factors for several segments

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Progressive Universal Insurance Company

Name of Company

Brian Dedrick, Analyst

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
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Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) Annual Premium Volume (Illinois) | (3) Percent Change (+ or -) |
|-------------------------------|--|-----------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 23,043 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336)

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Insurance Services OfficeProperty and Casualty Ins. Co. of Hartford
Name of CompanyEric Ruppert, Assistant Actuary
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2014

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$ 135,373 | 0.1% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Insurance Services Office (ISO)GL-2012-IALL1 - Increased Limit Factors

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

TNUS Insurance Company (TNUS)

Name of Company

Bruce Adams, VP Corporate Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2014

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$ 135,373 | 0.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Insurance Services Office (ISO)
GL-2012-BGL1; GL-2012-RCTL; GL-2013-BGL1

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

TNUS Insurance Company (TNUS)

Name of Company

Bruce Adams, VP Corporate Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2014

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$ 3,245,365 | 0.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Insurance Services Office (ISO)
GL-2012-BGL1; GL-2012-RCTL; GL-2013-BGL1

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Tokio Marine America Insurance Company (TMAIC)

Name of Company

Bruce Adams, VP Corporate Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2014

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$ 3,245,365 | 0.1% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Insurance Services Office (ISO)GL-2012-IALL1 - Increased Limit Factors

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Tokio Marine America Insurance Company (TMAIC)

Name of Company

Bruce Adams, VP Corporate Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2014

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$ 986,250 | 0.1% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Insurance Services Office (ISO)GL-2012-IALL1 - Increased Limit Factors

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Trans Pacific Insurance Company (TPI)

Name of Company

Bruce Adams, VP Corporate Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2014

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | \$ 986,250 | 0.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Insurance Services Office (ISO)
GL-2012-BGL1; GL-2012-RCTL; GL-2013-BGL1

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Trans Pacific Insurance Company (TPI)

Name of Company

Bruce Adams, VP Corporate Underwriting

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

6/1/2014

| | (2) Annual Premium Volume (Illinois) | (3) Percent Change (+ or -) |
|-------------------------------|--|-----------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | 288,646 | -2.5% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

* Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Premises/Operations (Subline Code 334) and Products/Completed Operations (Subline Code 336)

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Insurance Services OfficeTwin City Fire Insurance Company

Name of Company

Eric Ruppert, Assistant Actuary

Official - Title

6/15/2014 - New
10/15/2014 Renewal

Change in Company's premium or rate level produced by rate revision effective See Cover Letter

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | \$115,319 | +11.0% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Removing years in operations factor from the rating plan.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

United States Liability Ins. Co.
Name of Company

Mark Miller, State Filings Manager
Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective **9/1/2014**

| | (1) | (2) | (3) |
|-----|---|--|--------------------------------------|
| | <u>Coverage</u> | <u>Annual Premium Volume (Illinois)*</u> | <u>Percent Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | \$ 2,583,830 | -8.2% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO reference filing GL-2013-BGL1. The company loss cost multiplier remains unchanged.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Western National Mutual Insurance Company

Name of Company

Janis Eichorst - Product Development Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 3/24/14 for New Business; 7/12/14 for renewals.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | 14,748,603 | 0.0 % |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain Classes? If so, specify:

No, it applies to all Commercial General Liability business.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are adopting ISO loss costs, LI-GL-2013-145.

There is an overall 0% rate change.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Westfield Insurance Company

Name of Company

Heidi Mack, Chief Underwriting Officer

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 3/24/14 for New Business; 7/12/14 for renewals.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$13,471.00 | 0.0 % |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, it applies to all Commercial General Liability business.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): We are adopting ISO loss costs, LI-GL-2013-145.

There is an overall 0% rate change.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Westfield National Insurance Company

Name of Company

Heidi Mack, Chief Underwriting Officer

Official - Title